

## State Certified Instructors Application

### Instructions

Original instructor applicants must complete:

Sections A-B-C-D-E-F-H-I

Instructor recertification must complete:

Sections A-B-C-G-I

Original delegated behind-the-wheel (BTW) trainer applicants must complete:

Sections A-B-C-D-E-F-I

Allied agency:

Sections A-B-C-E-F-H-I

Please print or type all requested information and answers. When necessary to provide additional information, please attach a separate sheet of paper to complete your answers. When you have completed this application, please refer to Section I, which is a checklist of required documents. Mail the completed application package to the address listed at the end of the application. Please note that **faxed** applications **will not** be accepted.

### A. Application Type

School Bus ☐ School Pupil Activity Bus (SPAB) ☐ Transit Bus ☐  
Farm Labor ☐ Allied Agency ☐ Instructor ☐  
Delegated Behind-the-Wheel Trainer ☐ Recertification ☐

### B. General Information

Name (Mr./Mrs./Ms.): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver License: \_\_\_\_\_ Class: A ☐ B ☐ Endorsement(s): \_\_\_\_\_

California Special Driver Certificate: School Bus ☐ SPAB ☐  
Transit Bus ☐ Farm Labor Vehicle ☐

Primary Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Employer Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Employer Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### C. Driving Criminal History

	Yes	No
1. Has your driving privilege <b>ever</b> been suspended, revoked, or on probation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your California Special Driver Certificate <b>ever</b> been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you <b>ever</b> received a traffic citation for a violation of any section of the California Vehicle Code?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you <b>ever</b> been involved in a traffic collision?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you <b>ever</b> been convicted of any crime or public offense, other than Traffic, as described in California <i>Penal Code</i> Section 16?	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** If you answered yes to any of the questions above, please explain on a separate sheet of paper.

### D. Driving Experience

Instructor and Recertification Applications (*Education Code* Section 40088[a]):

I have five years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver. ☐

Or

Two years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver and three years of equivalent experience driving vehicles that require a Class A or B commercial driver license. ☐

Or

Two years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver and one year of experience as an authorized delegated behind-the-wheel trainer of the appropriate class. ☐

Delegated Behind-the-Wheel Trainer Applicants (*Education Code* Section 40084.5[b]):

One year of experience as a driver of the appropriate type and size vehicle immediately preceding the date of selection as a delegated behind-the-wheel trainer.

☐

**E. Education**

High School Graduation

☐

General Education Development (GED)

☐

**F. Work Experience (begin with the most recent)**

From:  
Month/Year

To:  
Month/Year

Total  
Years/Months

Employer and Duties

**G. Recertification**

Instructor ID: \_\_\_\_\_

Please select the area(s) in which you intend to recertify:

School Bus

☐

No Instructional Limitations

☐

School Pupil Activity Bus (SPAB)

☐

Classroom Only

☐

Transit Bus

☐

Behind-the-Wheel Only

☐

Farm Labor Bus

☐

Documentation Endorsement

☐

**H. Instructor Class Assignment Criteria**

Male

☐

Female

☐

Smoker

☐

Nonsmoker

☐

Any medical conditions or physical limitations (e.g., back pain, limited range of motion, etc.)? If yes please explain in detail on a separate sheet of paper.

Yes

☐

No

☐

Number of certified instructors in your organization: \_\_\_\_\_

Within your organization the number of:

School Buses \_\_\_\_\_

School Pupil Activity Buses \_\_\_\_\_

Transit Buses \_\_\_\_\_

Farm Labor Vehicles \_\_\_\_\_

Class Attendance (Month):

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

## I. Required Application Package Documents

**Note:** The following document must be submitted with this application. Provide legible copies (front and back when appropriate) of the following items:

Commercial Driver License (CDL) (all applicants)

California Special Driver Certificate (all applicants)

Medical Certificate (all applicants)

First Aid Card (if applicable) (all applicants)

Current Driver T-01 Training Certificate (all applicants)

Delegated Training T-01 Training Certificate (delegated BTW trainer applicants only)

High School Diploma, General Education Development (GED) Certificate or Department of Defense Form DD 214 (DD214 must clearly state the completed high school grade level) (original instructor and delegated BTW trainer applicants only)

California Department of Education Performance Review (original instructor and delegated BTW applicants only)

Department of Motor Vehicle H6 Driver Record Printout (dated within 30 days before application) (all applicants)

Applicant Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Employer

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Employer

Title: \_\_\_\_\_

Note: Signatures certify that the information provided in this application by both the applicant and the employer are true and that neither the applicant nor the instructor has knowingly made a false statement or concealed any material fact.

### Return completed form to:

California Department of Education  
Office of School Transportation  
3500 Reed Avenue  
West Sacramento, CA 95605  
(916) 375-7100  
[www.cde.ca.gov/ls/tn/index.asp](http://www.cde.ca.gov/ls/tn/index.asp)